PTO-SBR80 (ID 66)
Approved for one introoph 120s120ar. Other 64-65-65a.

U. S. Pleasin and Tonderman Diffice U. S. DEPARTMENT OF COMMENCE

Order for Placetiman Reduction Act of 1985, no practice are required to resputed to evidence of intermediate videory a wall-of this current interest.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| CFR 3 73(b).<br>ereby appoint:   |                                    |                                      |                        |   |   |  |
|--|------------------------------------|--------------------------------------|------------------------|---|---|--|
|  | \$                                 |                                      |                        |   |   |  |
| 1  |                                    | 80641                                |                        |   |   |  |
| Practitioners associated with the Customer Number  |                                    |                                      |                        |   |   |  |
| OR Practitioner(s) named below (if more than ten peter   | of practitioners are               | to be named, th                      | n a sustamer num       | ber must be us                          | ogr                                     |  |
| Nerres   | Registration                       |                                      |                        |   | Registration<br>Number                  |  |
|  | Number                             | N                                    |                        |   | 140111001                               |  |
|  |                                    |                                      |                        |   |   |  |
|  |                                    |                                      |                        |   |   |  |
|  |                                    |                                      |                        |   |   |  |
|  |                                    |                                      |                        |   |   |  |
| alterney(s) or ageni(s) to represent the undersigned be  | Same that I salted to              | olae Delant mod                      | Trademark Office (     | USPTO) in con                           | nection with                            |  |
| <ul> <li>and an patery applications assigned only to the under</li> </ul>  | griffrecos nangis                  | to the USPTO ex                      | signment moords o      | z assignment d                          | ocuments                                |  |
| ached to this form in accordance with 37 CF15 3.73(b).   |                                    |                                      |                        |   |   |  |
| ease change the acome pandence address for the applic  | cation identified in               | the attached sta                     | ement under 37 CF      | PR \$ 73(B) to:                         |   |  |
|  |                                    |                                      |                        |   |   |  |
| ✓ The address associated with Customer Number  | 6.                                 | 80641                                |                        |   |   |  |
| OR .   |                                    |                                      |                        |   |   |  |
| Fign or<br>Individual Name   |                                    |                                      |                        |   |   |  |
| Address  |                                    |                                      |                        |   |   |  |
|  | Stale                              |                                      |                        | Zip                                     |   |  |
| Dity   | 2744,346                           |                                      |                        |   |   |  |
| Country  |                                    |                                      |                        |   |   |  |
| Felephone  |                                    | Emali                                |                        |   |   |  |
|  |                                    |                                      |                        |   | *************************************** |  |
| ssigner: Name and Adriress   |                                    |                                      |                        |   |   |  |
| aplicit Networks, Inc.   |                                    |                                      |                        |   |   |  |
| 18 Main Street, Suito 498  |                                    |                                      |                        |   |   |  |
| irkland, WA 98033  |                                    |                                      |                        |   |   |  |
| copy of this form, together with a statement of  | under 37 CFR 3                     | .73(b) (Form F                       | TO/SB/96 or eq         | uivalent) is re                         | quirer to be                            |  |
| uni lu anah analiansian in which thic tarm is st   | earl The state:                    | ment under 37                        | CFN 3.73(0) mg         | A DB CDUIBIE                            | SER BY OUR O                            |  |
| te practitioners appointed in this form if the a<br>no must identify the application in which this   | ppointed practi<br>≅/uwer of Attor | itioner is auth-<br>nev is to be fil | orized to act on:      | penair or trie                          | assignee.                               |  |
|  | NATURE of Assig                    |                                      |                        | *************************************** | *************************************** |  |
| The individual whose signature and to  | itle is supplied be                | low is anthonized                    | to act on behalf of    | the assigned                            |   |  |
| The state of the s |                                    |                                      |                        | Date 2/25/10                            |   |  |
|  | ward Balassanian                   |                                      |                        | ne 206-3                                | 90-1946                                 |  |
| to Premily Life Con  |                                    |                                      |                        |   |   |  |
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| es collection of information is required by 37 (1981-101), 1-32 a ritio USPTO in process) an application. Confidentiality is good  | nd 1,45- Ind imprin                | 100 - 207 CCD -                      | a and a ca. White well | and on in or front                      | et by hobia hittoric                    |  |